

<i>SERFF Tracking Number:</i>	<i>AEGC-125891509</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Monumental Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40826</i>
<i>Company Tracking Number:</i>	<i>1197</i>		
<i>TOI:</i>	<i>MS02G Group Medicare Supplement - Pre-Standardized</i>	<i>Sub-TOI:</i>	<i>MS02G.000 Medicare Supplement - Pre-Standardized</i>
<i>Product Name:</i>	<i>Monumental Life Insurance Company (Formerly: Peoples Benefit Life) 2008 Annual PreStandard Group Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>2008 Monumental Life Insurance Company (Formerly: Peoples Benefit Life) PreStandard Group Medicare Supplement Rates/55 pregroup</i>		

Filing at a Glance

Company: Monumental Life Insurance Company

Product Name: Monumental Life Insurance SERFF Tr Num: AEGC-125891509 State: ArkansasLH

Company (Formerly: Peoples Benefit Life) 2008

Annual PreStandard Group Medicare

Supplement

TOI: MS02G Group Medicare Supplement - SERFF Status: Closed

State Tr Num: 40826

Pre-Standardized

Sub-TOI: MS02G.000 Medicare Supplement - Co Tr Num: 1197

State Status: Approved-Closed

Pre-Standardized

Filing Type: Rate

Co Status:

Reviewer(s): Stephanie Fowler

Authors: Carolyn Mills, Teri

Disposition Date: 11/18/2008

Schaffer, Kristina Davis

Date Submitted: 11/11/2008

Disposition Status: Approved

Implementation Date Requested: 02/01/2009

Implementation Date:

State Filing Description:

General Information

Project Name: 2008 Monumental Life Insurance Company (Formerly: Status of Filing in Domicile: Pending

Peoples Benefit Life) PreStandard Group Medicare Supplement Rates

Project Number: 55 pregroup

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: The rates for this policy form in our domiciliary state of Iowa are pending.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Association

Filing Status Changed: 11/18/2008

State Status Changed: 11/18/2008

Deemer Date:

Corresponding Filing Tracking Number:

SERFF Tracking Number: AEGC-125891509 State: Arkansas
Filing Company: Monumental Life Insurance Company State Tracking Number: 40826
Company Tracking Number: 1197
TOI: MS02G Group Medicare Supplement - Pre- Standardized Sub-TOI: MS02G.000 Medicare Supplement - Pre- Standardized
Product Name: Monumental Life Insurance Company (Formerly: Peoples Benefit Life) 2008 Annual PreStandard Group Medicare Supplement
Project Name/Number: 2008 Monumental Life Insurance Company (Formerly: Peoples Benefit Life) PreStandard Group Medicare Supplement Rates/55
pregroup

Filing Description:

2008 Annual Rate Revision for Monumental Life Insurance Company (Formerly: Peoples Benefit Life) Pre Standard Group Medicare Supplement Policies. Policy Form#(s): 610400

Dear Ms. Minor:

Enclosed is our rate submission for all benefits contained in Medicare Supplement plans issued prior to the 1992 Medicare regulations. This rate revision would be effective the first day of the month following 60 days from the effective date of the approval.

To aid in the rate review process, the actuarial memorandum is in line with the rate revision filing format recommended in the NAIC Medicare Supplement Model Regulations Compliance Manual.

Enclosed to complete this submission are:

- Actuarial Memorandum with Exhibit A
- Projection Exhibit
- Life, Accident & Health Transmittal Document

Should you have any questions or concerns, please feel free to call me at 800-233-4624 extension 5236 or our Actuary, Stephen Baloga at extension 5226. For your convenience you can email us at msapprovals@aegonusa.com. If you prefer, our fax number is 410-209-5904.

Sincerely,

Teri Schaffer,
Actuarial Administrative Supervisor

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Company and Contact

Filing Contact Information

Carolyn Mills, Assistant Actuarial Statistician	cemills@aegonusa.com
520 Park Avenue	(410) 209-5644 [Phone]
Baltimore, MD 21201	(410) 209-5904[FAX]

Filing Company Information

Monumental Life Insurance Company	CoCode: 66281	State of Domicile: Iowa
4333 Edgewood Road, NE	Group Code: 468	Company Type: Life and Health
Cedar Rapids, IA 52499	Group Name:	State ID Number:
(800) 233-4624 ext. [Phone]	FEIN Number: 52-0419790	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Monumental Life Insurance Company	\$50.00	11/11/2008	23835365

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Stephanie Fowler	11/18/2008	11/18/2008

SERFF Tracking Number: AEGC-125891509 State: Arkansas

Filing Company: Monumental Life Insurance Company State Tracking Number: 40826

Company Tracking Number: 1197

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Disposition

Disposition Date: 11/18/2008

Implementation Date:

Status: Approved

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Monumental Life Insurance Company	0.000%	\$0	8	\$35,660	0.000%	0.000%	0.000%

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Uniform transmittal	Accepted for Informational Purposes	Yes
Rate	Rates	Approved	Yes

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Rate Information

Rate data applies to filing.

Filing Method:	serff
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	09/28/2007
Filing Method of Last Filing:	serff

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Monumental Life Insurance Company	0.000%	0.000%	\$0	8	\$35,660	0.000%	0.000%

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Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved	Rates	610400	Revised		exhibita_p.pdf

Exhibit A
Monumental Life Insurance Company
Formerly Peoples Benefit Life Insurance Company

Mass Marketed Pre-Standard Group Medicare Supplement
Premium Rates
State of Arkansas
Form Number: 610400

Current Annual Premium Rates

Issue Age	Rates
65 & Up	2,292

Proposed Rate Change

All Ages	0.0%
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Proposed Annual Premium Rates

Issue Age	Rates
65 & Up	2,292

	Annual	Semi-Annual	Quarterly	Monthly
Modal Factors	1.000	0.500	0.250	0.083

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Supporting Document Schedules

Satisfied -Name:	Uniform transmittal	Review Status:	Accepted for Informational Purposes	11/18/2008
Comments:				
Attachment:	uniform_transmittal.pdf			

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Monumental Life Insurance Company Formerly Peoples Benefit Life Insurance Company 520 Park Avenue Baltimore, MD 21201-4500	Iowa	Accident & Health	468	66281	52-0419790	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Teri Schaffer Actuarial Administrative Supervisor 520 Park Avenue Baltimore, MD 21201-4500	800-233-4624 ext. 5236	410-209-5904	msapprovals@aegonusa.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	1197
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small [X] Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9.	Type of Insurance	MS02G Group Medicare Supplement - Pre Standardized
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10.	Product Coding Matrix Filing Code	<u>MS02G.000 Medicare Supplement - Pre-Standardized</u>
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11.	Submitted Documents	<div style="border: 1px solid black; padding: 5px;"> <p><u>FORMS</u></p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Policy <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div> <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> Certificate <input type="checkbox"/> Advertising </div> </div> <p><u>Rates</u></p> <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p><input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p><u>SUPPORTING DOCUMENTATION</u></p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications </div> </div> </div>
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12.	Filing Submission Date	November 6, 2008
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13.	Filing Fee (If required)	Amount	\$ 50.00	Check Date										
		Retaliatory	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number										
14.	Date of Domiciliary Approval	The rates for this policy form in our domiciliary state of Iowa are pending												
15.	Filing Description:													
	<p>2008 Annual Rate Filing for Pre-Standard Mass Marketed Medicare Supplement Policies: Monumental Life Insurance Company Formerly Peoples Benefit Life Insurance Company</p> <p><u>POLICY FORM #(s):</u></p> <p>610400</p>													
16.	Certification (If required)													
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u> .														
Print Name: Stephen Baloga, A.S.A., M.A.A.A. Title: Assistant Vice President and Actuary														
Signature:  Date: November 6, 2008														

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		1197		
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		0.0%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Actuarial Memorandum	610400	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>0.0%</u> <input type="checkbox"/> Other _____	
	Memorandum, rates, historical earned premium and incurred claims exhibit, loss ratio projections			
02	Life, Accident & Health Transmittal Document	610400	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>0.0%</u> <input type="checkbox"/> Other _____	
	Pages 1 thru 3			
03	Filing Fee	610400	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>0.0%</u> <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % ____ % <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % ____ % <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % ____ % <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % ____ % <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____ % ____ % <input type="checkbox"/> Other _____	

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